

Fill in this information to identify your case:

Debtor 1	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		Northern	District of Illinois (State)
Case number (If known)	18-16173		

Official Form 106E/F

Check if this is an amended filing

Schedule E/F: Creditors Who Have Unsecured Claims - Amended

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.
(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Total claim	Priority amount	Nonpriority amount
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Debtor 1 Tharon _____ Bradley _____ Case number (if known) 18-16173
 First Name Middle Name Last Name

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than four priority unsecured claims fill out the Continuation Page of Part 2.

		Total claim
4.1	CAPITAL ACCOUNTS Nonpriority Creditor's Name Po Box 140065 Number Street Nashville Tennessee 37214 City State Zip Code	Last 4 digits of account number 5067 When was the debt incurred? 8/2017 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> 001 Collection; Collecting for ORIGINAL CREDITOR: MEDICAL Other. Specify PAYMENT DATA
4.2	CAPITALONE Nonpriority Creditor's Name PO BOX 30253 Number Street SALT LAKE CITY Utah 84130 City State Zip Code	Last 4 digits of account number 4550 When was the debt incurred? 10/2014 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify CreditCard
4.3	City of Chicago - Dept. of Finance Nonpriority Creditor's Name PO Box 88292 Number Street Chicago Illinois 60680 City State Zip Code	Last 4 digits of account number 200.00 When was the debt incurred? n/a As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify unpaid tickets

Debtor 1 Tharon _____ Bradley _____ Case number (if known) 18-16173
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Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.				Total claim
4.4	City of Country Club Hills Nonpriority Creditor's Name PO Box 7690 Number Street			Last 4 digits of account number _____ When was the debt incurred? _____ n/a
				As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
Carol Stream Illinois 60197 City State Zip Code			Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ unpaid tickets	\$500.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another				
Check if this claim relates to a community debt				
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.5	CREDMGMTCTRL Nonpriority Creditor's Name P.O. BOX 1654 Number Street			Last 4 digits of account number 547A When was the debt incurred? 6/2017
				As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
GREEN BAY Wisconsin 54301 City State Zip Code			Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Collection; Collecting for ORIGINAL CREDITOR: 01 <input type="checkbox"/> Other. Specify SPRING GREEN LAWN CARE	\$148.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another				
Check if this claim relates to a community debt				
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.6	FIRST PREMIER BANK Nonpriority Creditor's Name Jefferson Capital Systems, LLC PO Box 7999 Number Street c/o Kelly Lukason			Last 4 digits of account number 1217 When was the debt incurred? 6/2013
				As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
Saint Cloud Minnesota 56302 City State Zip Code			Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify CreditCard	\$1,082.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another				
Check if this claim relates to a community debt				
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1	First Name	Middle Name	Last Name	Case number (if known)	18-16173
Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page					
After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.					Total claim
4.7	FIRST PREMIER BANK Nonpriority Creditor's Name Jefferson Capital Systems, LLC PO Box 7999 Number Street c/o Kelly Lukason Saint Cloud Minnesota 56302 City State Zip Code			Last 4 digits of account number 8337 When was the debt incurred? 8/2014 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$727.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt			Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify CreditCard		
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
4.8	I C SYSTEM Nonpriority Creditor's Name Po Box 64378 Number Street Saint Paul Minnesota 55164 City State Zip Code			Last 4 digits of account number 1001 When was the debt incurred? 8/2014 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$609.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt			Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Collection; Collecting for ORIGINAL CREDITOR: 05 KENSINGTON RESEARCH AND OTHER. SPECIFY RECOVE		
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
4.9	Liberty Mutual Insurance Company Nonpriority Creditor's Name 100 Liberty Way Number Street Dover New Hampshire 03820 City State Zip Code			Last 4 digits of account number _____ When was the debt incurred? n/a As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,200.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt			Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify unpaid bill		
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					

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Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.10	Linebarger Goggan Blair & Sampson, LLP Nonpriority Creditor's Name Po Box 11861 Number _____ Street _____ Miami Florida 33101 City State Zip Code	Last 4 digits of account number _____ When was the debt incurred? _____ n/a As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ Notice Only	\$0.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.11	Lisa Grant Orthodontics Nonpriority Creditor's Name 18243 Harwood Ave Number _____ Street _____ Homewood Illinois 60430 City State Zip Code	Last 4 digits of account number _____ When was the debt incurred? _____ n/a As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ unpaid bill	\$300.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.12	Miami-Dade County Clerk of the Courts Nonpriority Creditor's Name 22 NW First Street Number _____ Street _____ Miami Florida 33128 City State Zip Code	Last 4 digits of account number _____ When was the debt incurred? _____ n/a As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ unpaid ticket	\$63.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

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Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.13	NATIONAL CREDIT ADJUST			Last 4 digits of account number	7883	\$4,690.00
	Nonpriority Creditor's Name 327 W 4TH AVE			When was the debt incurred?	6/2017	
Number Street			As of the date you file, the claim is: Check all that apply.			
			<input type="checkbox"/> Contingent	<input type="checkbox"/> Unliquidated	<input type="checkbox"/> Disputed	
HUTCHINSON Kansas 67501			Type of NONPRIORITY unsecured claim:			
City State Zip Code			<input type="checkbox"/> Student loans	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
Who incurred the debt? Check one.			<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> At least one of the debtors and another	
			<input type="checkbox"/> Check if this claim relates to a community debt	<input type="checkbox"/> Other. Specify 001 UnknownLoanType		
Is the claim subject to offset?			<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes		
4.14	Noonan & Lieberman LTD			Last 4 digits of account number	\$0.00	
	Nonpriority Creditor's Name 105 W. Adams			When was the debt incurred?	n/a	
Number Street			As of the date you file, the claim is: Check all that apply.			
#1800			<input type="checkbox"/> Contingent	<input type="checkbox"/> Unliquidated	<input type="checkbox"/> Disputed	
Chicago Illinois 60603			Type of NONPRIORITY unsecured claim:			
City State Zip Code			<input type="checkbox"/> Student loans	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
Who incurred the debt? Check one.			<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> At least one of the debtors and another	
			<input type="checkbox"/> Check if this claim relates to a community debt	<input type="checkbox"/> Other. Specify notice (2017-CH-16113)		
Is the claim subject to offset?			<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes		
4.15	Olympia Fields Municipal			Last 4 digits of account number	\$500.00	
	Nonpriority Creditor's Name 20040 governors Drive #1			When was the debt incurred?	n/a	
Number Street			As of the date you file, the claim is: Check all that apply.			
			<input type="checkbox"/> Contingent	<input type="checkbox"/> Unliquidated	<input type="checkbox"/> Disputed	
Olympia Fields Illinois 60461			Type of NONPRIORITY unsecured claim:			
City State Zip Code			<input type="checkbox"/> Student loans	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
Who incurred the debt? Check one.			<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> At least one of the debtors and another	
			<input type="checkbox"/> Check if this claim relates to a community debt	<input type="checkbox"/> Other. Specify unpaid tickets		
Is the claim subject to offset?			<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes		

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Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.16	Pinnacle Pain Management Specialist Nonpriority Creditor's Name 25833 Network Place Number Street Chicago Illinois 60673 City State Zip Code	Last 4 digits of account number _____ When was the debt incurred? _____ n/a As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ unpaid bill	\$1,968.00
<p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			
4.17	RMP LLC Nonpriority Creditor's Name 2350 E. DEVON Number Street DES PLAINES Illinois 60018 City State Zip Code	Last 4 digits of account number _____ When was the debt incurred? _____ n/a As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ unpaid bill	\$75.00
<p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			
4.18	Shapiro Kreisman & Associated LLC Nonpriority Creditor's Name 2121 Waukegan Rd Ste 301 Number Street Bannockburn Illinois 60015 City State Zip Code	Last 4 digits of account number _____ When was the debt incurred? _____ n/a As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ notice (2017-CH-15649)	\$0.00
<p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			

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Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.19	The Miller Law firm PC Nonpriority Creditor's Name 1051 Perimeter Drive, Suite 400 Number Street			Last 4 digits of account number _____	\$3,000.00
				When was the debt incurred? _____	n/a
<p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ unpaid attorney fees</p>					
<p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>					
4.20	Thomas Crooks Nonpriority Creditor's Name 70 W Madison St Ste 1950 Number Street			Last 4 digits of account number _____	\$4,000.00
				When was the debt incurred? _____	n/a
<p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ unpaid attorney fees</p>					
<p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>					
4.21	UChicago Medicine Ingalls Memorial Nonpriority Creditor's Name P.O. Box. 2090 Number Street			Last 4 digits of account number _____	\$0.00
				When was the debt incurred? _____	n/a
<p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ Notice Only</p>					
<p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>					

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Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.22	US Bank NA Nonpriority Creditor's Name c/o Colleen Reyna Number Street PO Box 5229	Last 4 digits of account number _____	\$0.00
	Cincinnati Ohio 45201 City State Zip Code	When was the debt incurred? _____ n/a	
As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ notice (2017-CH-15649)			
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.23	Village of Matteson Nonpriority Creditor's Name 4900 Village Commons Number Street	Last 4 digits of account number _____	\$300.00
	Matteson Illinois 60443 City State Zip Code	When was the debt incurred? _____ n/a	
As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ unpaid tickets			
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 Tharon _____ Bradley _____ Case number (if known) 18-16173
First Name Middle Name Last Name

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

HARRIS & HARRIS LTD

Name

111 W JACKSON BLVD S-400

Number Street

CHICAGO

Illinois

City

60604

State

Zip Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.3 of (Check
one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Debtor 1 Tharon
First Name

Bradley
Middle Name
Last Name

Case number (if known) 18-16173

Part 4: Add the Amounts for Each Type of Unsecured Claim

6.

Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159.
Add the amounts for each type of unsecured claim.

Total claims

**Total claims
from Part 1**

6a. Domestic support obligations. 6a. \$0.00
6b. Taxes and certain other debts you owe the government 6b. \$0.00
6c. Claims for death or personal injury while you were
intoxicated 6c. \$0.00
6d. Other. Add all other priority unsecured claims. Write that
amount here. 6d. \$0.00
6e. Total. Add lines 6a through 6d. 6e. \$0.00

Total claims

**Total claims
from Part 2**

6f. Student loans 6f. \$0.00
6g. Obligations arising out of a separation agreement or
divorce that you did not report as priority claims 6g. \$0.00
6h. Debts to pension or profit-sharing plans, and other similar
debts 6h. \$0.00
6i. Other. Add all other nonpriority unsecured claims. Write
that amount here. 6i. \$20,341.00
6j. Total. Add lines 6f through 6i. 6j. \$20,341.00

Fill in this information to identify your case:

Debtor 1	First Name	Middle Name	Last Name
	Tharon		Bradley
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Northern		District of Illinois (State)
Case number (If known)	18-16173		

Official Form 106E/F

Check if this is an amended filing

12/15

Schedule E/F: Creditors Who Have Unsecured Claims

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.
(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Total claim	Priority amount	Nonpriority amount
----------------	--------------------	-----------------------

Debtor 1 Tharon _____ Bradley _____ Case number (if known) 18-16173
 First Name Middle Name Last Name

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than four priority unsecured claims fill out the Continuation Page of Part 2.

		Total claim
4.1	CAPITAL ACCOUNTS Nonpriority Creditor's Name Po Box 140065 Number Street Nashville Tennessee 37214 City State Zip Code	Last 4 digits of account number 5067 When was the debt incurred? 8/2017 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> 001 Collection; Collecting for ORIGINAL CREDITOR: MEDICAL Other. Specify PAYMENT DATA
4.2	CAPITALONE Nonpriority Creditor's Name PO BOX 30253 Number Street SALT LAKE CITY Utah 84130 City State Zip Code	Last 4 digits of account number 4550 When was the debt incurred? 10/2014 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify CreditCard
4.3	City of Chicago - Dept. of Finance Nonpriority Creditor's Name PO Box 88292 Number Street Chicago Illinois 60680 City State Zip Code	Last 4 digits of account number 200.00 When was the debt incurred? n/a As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify unpaid tickets

Debtor 1 Tharon _____ Bradley _____ Case number (if known) 18-16173
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.				Total claim
4.4	City of Country Club Hills Nonpriority Creditor's Name PO Box 7690 Number Street			Last 4 digits of account number _____ When was the debt incurred? _____ n/a
				As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
Carol Stream Illinois 60197 City State Zip Code			Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ unpaid tickets	\$500.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another				
Check if this claim relates to a community debt <input type="checkbox"/>				
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.5	CREDMGMTCTRL Nonpriority Creditor's Name P.O. BOX 1654 Number Street			Last 4 digits of account number 547A When was the debt incurred? 6/2017
				As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
GREEN BAY Wisconsin 54301 City State Zip Code			Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Collection; Collecting for ORIGINAL CREDITOR: 01 <input type="checkbox"/> Other. Specify SPRING GREEN LAWN CARE	\$148.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another				
Check if this claim relates to a community debt <input type="checkbox"/>				
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.6	FIRST PREMIER BANK Nonpriority Creditor's Name Jefferson Capital Systems, LLC PO Box 7999 Number Street c/o Kelly Lukason			Last 4 digits of account number 1217 When was the debt incurred? 6/2013
				As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
Saint Cloud Minnesota 56302 City State Zip Code			Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify CreditCard	\$1,082.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another				
Check if this claim relates to a community debt <input type="checkbox"/>				
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1 Tharon _____ Bradley _____ Case number (if known) 18-16173
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.					Total claim
4.7	FIRST PREMIER BANK Nonpriority Creditor's Name Jefferson Capital Systems, LLC PO Box 7999 Number Street c/o Kelly Lukason			Last 4 digits of account number	8337
				When was the debt incurred?	8/2014
As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ CreditCard					
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt					
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
4.8	LC SYSTEM Nonpriority Creditor's Name Po Box 64378 Number Street			Last 4 digits of account number	1001
				When was the debt incurred?	8/2014
As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Collection; Collecting for ORIGINAL CREDITOR: 05 KENSINGTON RESEARCH AND OTHER. Specify _____ RECOVE					
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt					
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
4.9	Liberty Mutual Insurance Company Nonpriority Creditor's Name 100 Liberty Way Number Street			Last 4 digits of account number	\$1,200.00
				When was the debt incurred?	n/a
As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ unpaid bill					
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt					
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					

Debtor 1 Tharon _____ Bradley _____ Case number (if known) 18-16173

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.10	<p>Linebarger Goggan Blair & Sampson, LLP Nonpriority Creditor's Name Po Box 11861 Number Street Miami Florida 33101 City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			Last 4 digits of account number _____	\$0.00
			<p>When was the debt incurred? _____ n/a</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____ Notice Only</p>		
4.11	<p>Lisa Grant Orthodontics Nonpriority Creditor's Name 18243 Harwood Ave Number Street Homewood Illinois 60430 City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			Last 4 digits of account number _____	\$300.00
			<p>When was the debt incurred? _____ n/a</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____ unpaid bill</p>		
4.12	<p>Miami-Dade County Clerk of the Courts Nonpriority Creditor's Name 22 NW First Street Number Street Miami Florida 33128 City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			Last 4 digits of account number _____	\$63.00
			<p>When was the debt incurred? _____ n/a</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____ unpaid ticket</p>		

Debtor 1 Tharon _____ Bradley _____ Case number (if known) 18-16173
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.13	NATIONAL CREDIT ADJUST			Last 4 digits of account number	7883	\$4,690.00
	Nonpriority Creditor's Name 327 W 4TH AVE			When was the debt incurred?	6/2017	
Number Street			As of the date you file, the claim is: Check all that apply.			
			<input type="checkbox"/> Contingent	<input type="checkbox"/> Unliquidated	<input type="checkbox"/> Disputed	
HUTCHINSON Kansas 67501			Type of NONPRIORITY unsecured claim:			
City State Zip Code			<input type="checkbox"/> Student loans	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
Who incurred the debt? Check one.			<input checked="" type="checkbox"/> Debtor 1 only	<input checked="" type="checkbox"/> Other. Specify 001 UnknownLoanType		
			<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Check if this claim relates to a community debt	
Is the claim subject to offset?			<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes		
4.14	Noonan & Lieberman LTD			Last 4 digits of account number	n/a	\$0.00
	Nonpriority Creditor's Name 105 W. Adams			When was the debt incurred?	n/a	
Number Street			As of the date you file, the claim is: Check all that apply.			
#1800			<input type="checkbox"/> Contingent	<input type="checkbox"/> Unliquidated	<input type="checkbox"/> Disputed	
Chicago Illinois 60603			Type of NONPRIORITY unsecured claim:			
City State Zip Code			<input type="checkbox"/> Student loans	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
Who incurred the debt? Check one.			<input checked="" type="checkbox"/> Debtor 1 only	<input checked="" type="checkbox"/> Other. Specify notice (2017-CH-16113)		
			<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Check if this claim relates to a community debt	
Is the claim subject to offset?			<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes		
4.15	Olympia Fields Municipal			Last 4 digits of account number	n/a	\$500.00
	Nonpriority Creditor's Name 20040 governors Drive #1			When was the debt incurred?	n/a	
Number Street			As of the date you file, the claim is: Check all that apply.			
			<input type="checkbox"/> Contingent	<input type="checkbox"/> Unliquidated	<input type="checkbox"/> Disputed	
Olympia Fields Illinois 60461			Type of NONPRIORITY unsecured claim:			
City State Zip Code			<input type="checkbox"/> Student loans	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
Who incurred the debt? Check one.			<input checked="" type="checkbox"/> Debtor 1 only	<input checked="" type="checkbox"/> Other. Specify unpaid tickets		
			<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Check if this claim relates to a community debt	
Is the claim subject to offset?			<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes		

Debtor 1 Tharon _____ Bradley _____ Case number (if known) 18-16173

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.16	Pinnacle Pain Management Specialist Nonpriority Creditor's Name 25833 Network Place Number _____ Street _____ Chicago Illinois 60673 City State Zip Code	Last 4 digits of account number _____ When was the debt incurred? _____ n/a As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ unpaid bill	\$1,968.00
<p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			
4.17	RMP LLC Nonpriority Creditor's Name 2350 E. DEVON Number _____ Street _____ DES PLAINES Illinois 60018 City State Zip Code	Last 4 digits of account number _____ When was the debt incurred? _____ n/a As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ unpaid bill	\$75.00
<p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			
4.18	Shapiro Kreisman & Associated LLC Nonpriority Creditor's Name 2121 Waukegan Rd Ste 301 Number _____ Street _____ Bannockburn Illinois 60015 City State Zip Code	Last 4 digits of account number _____ When was the debt incurred? _____ n/a As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ notice (2017-CH-15649)	\$0.00
<p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			

Debtor 1 Tharon _____ Bradley _____ Case number (if known) 18-16173

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.19	The Miller Law firm PC Nonpriority Creditor's Name 1051 Perimeter Drive, Suite 400 Number Street			Last 4 digits of account number _____	\$3,000.00
				When was the debt incurred? _____	n/a
				As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
				Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ unpaid attorney fees	
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt				
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.20	Thomas Crooks Nonpriority Creditor's Name 70 W Madison St Ste 1950 Number Street			Last 4 digits of account number _____	\$4,000.00
				When was the debt incurred? _____	n/a
				As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
				Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ unpaid attorney fees	
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt				
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.21	UChicago Medicine Ingalls Memorial Nonpriority Creditor's Name P.O. Box. 2090 Number Street			Last 4 digits of account number _____	\$0.00
				When was the debt incurred? _____	n/a
				As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
				Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ Notice Only	
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt				
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1 Tharon _____ Bradley _____ Case number (if known) 18-16173

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.22	US Bank NA Nonpriority Creditor's Name c/o Colleen Reyna Number Street PO Box 5229 Cincinnati Ohio 45201 City State Zip Code			Last 4 digits of account number _____ When was the debt incurred? _____ n/a As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ notice (2017-CH-15649)		
4.23	Village of Matteson Nonpriority Creditor's Name 4900 Village Commons Number Street Matteson Illinois 60443 City State Zip Code			Last 4 digits of account number _____ When was the debt incurred? _____ n/a As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$300.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ unpaid tickets		

Debtor 1 Tharon _____ Bradley _____ Case number (if known) 18-16173
First Name Middle Name Last Name

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

HARRIS & HARRIS LTD

Name

111 W JACKSON BLVD S-400

Number Street

CHICAGO

Illinois

City

60604

State

Zip Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.3 _____ of (Check
one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured
Claims

Last 4 digits of account number _____

Debtor 1 Tharon
First Name

Bradley
Middle Name
Last Name

Case number (if known) 18-16173

Part 4: Add the Amounts for Each Type of Unsecured Claim

6.

Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159.
Add the amounts for each type of unsecured claim.

Total claims

Total claims
from Part 1

6a. Domestic support obligations. 6a. \$0.00
6b. Taxes and certain other debts you owe the government 6b. \$0.00
6c. Claims for death or personal injury while you were
intoxicated 6c. \$0.00
6d. Other. Add all other priority unsecured claims. Write that
amount here. 6d. \$0.00
6e. Total. Add lines 6a through 6d. 6e. \$0.00

Total claims

Total claims
from Part 2

6f. Student loans 6f. \$0.00
6g. Obligations arising out of a separation agreement or
divorce that you did not report as priority claims 6g. \$0.00
6h. Debts to pension or profit-sharing plans, and other similar
debts 6h. \$0.00
6i. Other. Add all other nonpriority unsecured claims. Write
that amount here. 6i. \$20,341.00
6j. Total. Add lines 6f through 6i. 6j. \$20,341.00